**Investigating Firefighter/EMT Slip and Trip Injuries Worksheet**

Slip and trip injury investigation must include information on the footwear worn by the person, the walking surface, and the object condition that affected the connection between the two.

Complete as much as possible and attach to *Firefighter/EMT Injury & Acute Illness Investigation Form*.

Name of Injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

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| **Fact-finding Phase**  |
| **Footwear** |
| General category of footwear: ⬜ turnout boots ⬜ station boots ⬜ sneakers ⬜ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Condition of soles: ⬜ 0% worn (new) ⬜ 25% worn ⬜ 50% worn ⬜ 75% worn ⬜ 100% worn (smooth)Describe pattern (if any) of sole and sole material: |
| Toes of shoe: ⬜ open ⬜ closed | Shoe’s connection to foot: ⬜ tight-fitting / laced ⬜ loose-fitting |
| Uppers: ⬜ Uppers provide support to above the ankle (boots, high-top sneakers) ⬜ Uppers provide support to just below the ankle (sneakers, loafers, crocs) ⬜ Uppers provide little to no support to the foot (sandals, flip-flops, slippers) |
| **Walking / Working Surface** |
| General category of surface: ⬜ hallway ⬜ stairs ⬜ paved surface (street, lot, sidewalk, garage) ⬜ open groundExact location: |
| Surface material: ⬜ carpet ⬜ smooth tile / flooring ⬜ asphalt / concrete ⬜ grass / vegetation ⬜ dirt ⬜ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Condition of surface: ⬜ dry ⬜ small areas of wetness ⬜ small areas of ice/snow ⬜ widespread wetness ⬜ widespread ice/snow ⬜ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Were handholds / railings / grab bars present? ⬜ Yes ⬜ No | Affected person’s familiarity with location: |
| **Obstacle slipped on** (leave blank if not a slip event) |
| General description of material: | Area/extent of material: |
| How long was the obstacle present before event? |
| Were there any factors that impacted the material being seen? |
| **Obstacle tripped on, in or over** (leave blank if not a trip event) |
| General description of object: | Size / shape of object: |
| How long was the obstacle present before event? |
| Were there any factors that impacted the obstacle being seen?  |
| **Other potential factors**  |
| Light conditions at site of slip / fall: |
| Was the person rushing? ⬜ No ⬜ Yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the person distracted? ⬜ No ⬜ Yes, why or by what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the person carrying something? ⬜ No ⬜ Yes, describe size, shape, weight and how it was being carried. |
| Comments on any other factors that may have impacted the incident: |